

Name in Full

Certificate of Death

Lewis Albert Bringman

Town

County

MARYLAND

Died at

Oxford

Month

Day

Y.

M.

D.

Native of

Occupation

Salbot

Date 1902

Nov. 19

Age

*3. - 21.**Oxford Md.*

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

*J. Bringman**Katherine W. Miller*

Cause of

Primary

Coryza

How long sick

One week

Death

Immediate

Spasmodic Croup

Accident, Suicide, Homicide

Reported by

J. A. Stevens M.D.

Address

Oxford

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

M.D.

LIBRARY OF THE U.S. DEPT. OF HEALTH



Name In Full

Certificate of Death

Samuel J. Bromwell

Town *Heavitt* County *Salbot* MARYLAND

Died at

Date 19 *07* Month *11* Day *26* Age *31* Y. M. D. Native of *Heavitts* Occupation *Farmer*

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *none*

Husband
of
Wife

Father's Name *Robt Bromwell* Mother's Maiden Name *Sarah Cooper*

Cause of Death { Primary *Drowning* Immediate *Staphyria* } How long sick *158*

Accident, Suicide, Homicide

Reported by

A. B. Glascock
St. Michaels

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



William Brown -

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

11

30

Age

-

1

-

Talbot Co

Male

~~Female~~

Married

~~Widow~~~~Divorced~~

Colored

Single

~~Widower~~~~Number of children living~~~~Number~~ ofFather's
Name

Frank Bennett

Mother's
Maiden Name

Helen Brown

Cause of

Primary

Thrush

Death

Immediate

Malnutrition

How long sick

100
2 weeks~~Accident, Suicide, Homicide~~

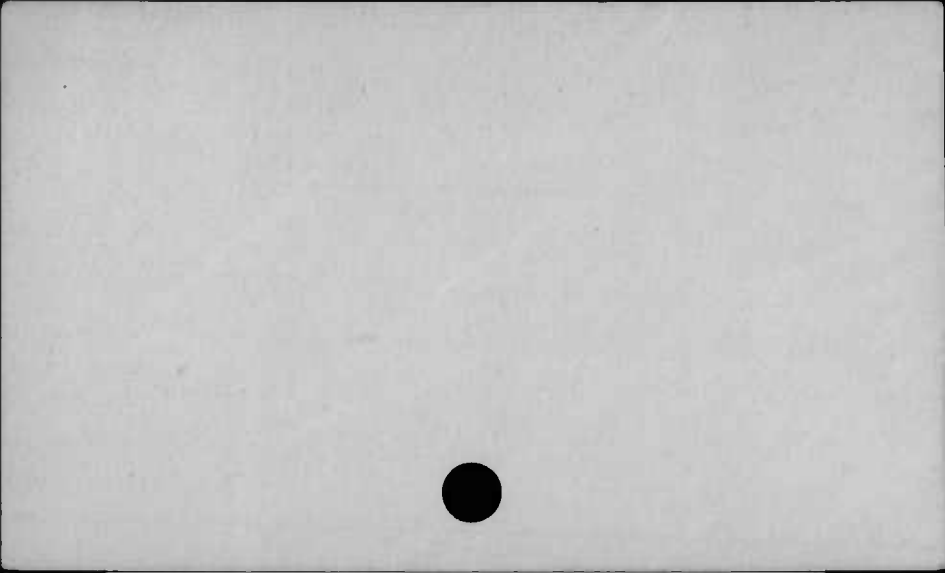
Reported by

Joseph A. Ross, Jr.

Address

Trapee Talbot Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ann Cooper

Town

County

Died at Bozman

Salbot

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	11	3	81	-	-	Bozman md	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Singla	Widower	Number of children living three			

Husband of Richard W Cooper
 Wife

Father's Name Skinner Grace
 Mother's Name Lucretia Edgar
 Maiden Name

Cause of	Primary	How long sick
Death	Immediate Asthenia	four years
		Accident, Suicide, Homicide

Reported by

Address

A. B. Blasecock
 St. Michael's
 Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John W. Dawson

Town

County

Died at *Mar Trappe**Talbot*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

*Nov.**1.*

Age

*82**10**md.**Retired from business*

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children living *1.*Husband
of~~Wife~~

Father's

Name

Robert Dawson

Mother's

Maiden Name

Elizabeth Walker.

Cause of

Primary

Paralysis

How long sick

6 months

Death

Immediate

Heart failure~~Accident, Suicide, Homicide~~

Reported by

Sus. S. Chaplain

Address

Trappe, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

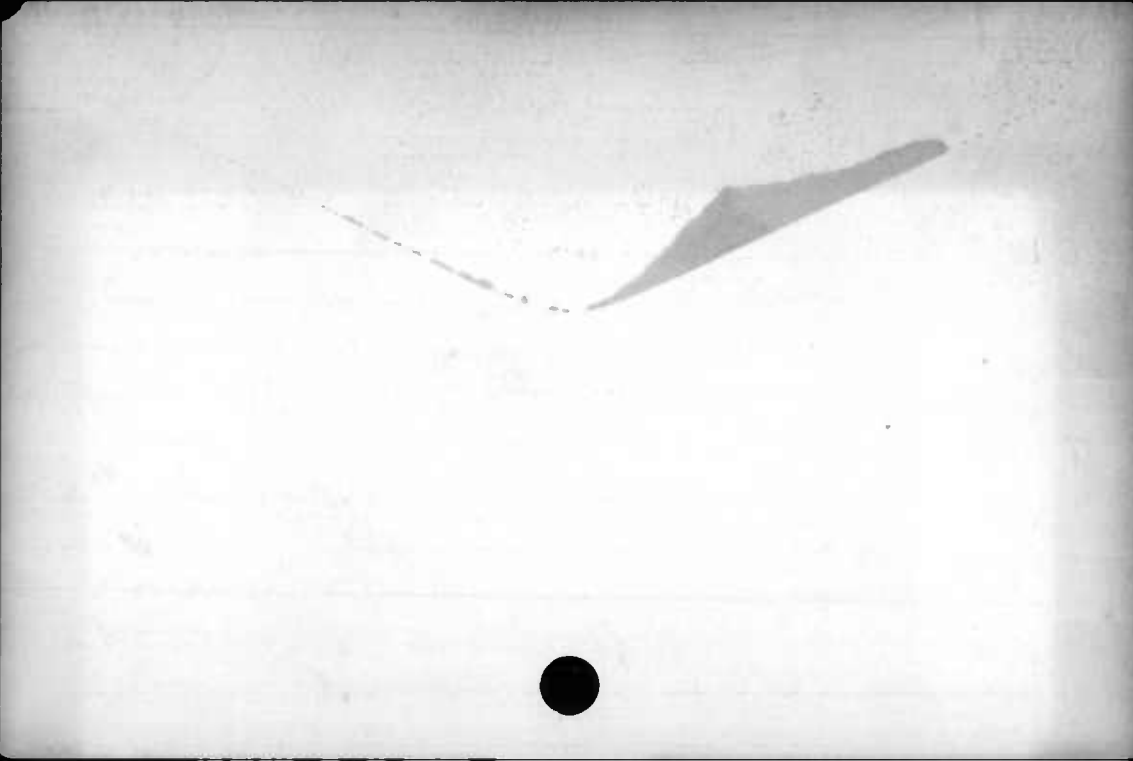
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death 190		2		Nov		10	
Sex		Female		Color or Race		Black	
Married, Single or Widowed		Single		Occupation		none	
Name of Wife or Husband							
Father's Name		Not known		Father's Birthplace			
Mother's Maiden Name		Annie Eason		Mother's Birthplace		Talbot Co	
Name of person giving information		Anna Eason		How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	2 years
Immediate	Same	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		None in attendance	
E. P. Sprankle Jr		Address	
		St Michaels	
Accident or Suicide?			



Name In Full

Certificate of Death

Meldrage Gibson

Town

County

Died at

Easton

Talbot

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Nov 4

Age

21

Easton

~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

William Gibson

Mother's

Maiden Name

Harriet Blackwell

Cause of

Primary

Convulsions

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

His Father

Address

Easton Talbot Co
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75895



Priscilla Haddaway

Town

County

Died at Tilghman

Talbot

MARYLAND

Date 1902 11th 10th Month Day Y. M. D. Age 80 - - Native of Talbot Co. Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Jas. E. Haddaway

Wife

Father's Name Unknown

Mother's Maiden Name Priscilla Cobourn

Cause of Death { Primary "Old-age"
Immediate Pneumonia

How long sick

15 days

~~Accident, Suicide, Homicide~~

Reported by W. W. Chaires, M.D.

Address Tilghman, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Richard Jackson

Died at

Town

County

St. Michaels Talbot.

MARYLAND

Date 1902 Nov. 4 Age 72. Occupation Ballooner

Male White Married Widower Divorced

Female Colored Single Widower Number of children living

~~Husband~~

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Joseph B. Seth, M.D.

St. Michaels Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Allen J. Jarmou

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

11

11

Age

10

9

Claborne

none

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

none

Husband

of

Wife

Father's

Name

E. J. Jarmou

Mother's

Maiden Name

Mary. E. Townsend

Cause of

Primary

Diphtheria

How long sick

2 or 3 days

Death

Immediate

Laryngeal Diphtheria

Accident, Suicide, Homicide

Reported by

A. B. Glascock

Address

St. Michaels

md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Died at *Geo. Jr. Jarmon*
 Town *Clairborne* County *Dalton* MARYLAND
 Date 1902 *11 21* Month Day
 Age *64 1* Y. M. D.
 Native of *Clairborne* Occupation *none*
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living *none*

Husband
of
Wife

Father's Name *E. J. Jarmon* Mother's Name *Mary E. Townsend*
 Cause of Death { Primary *Diphtheria* How long sick *fourteen days*
 Immediate *Septicemia* *aw* Accident, Suicide, Homicide

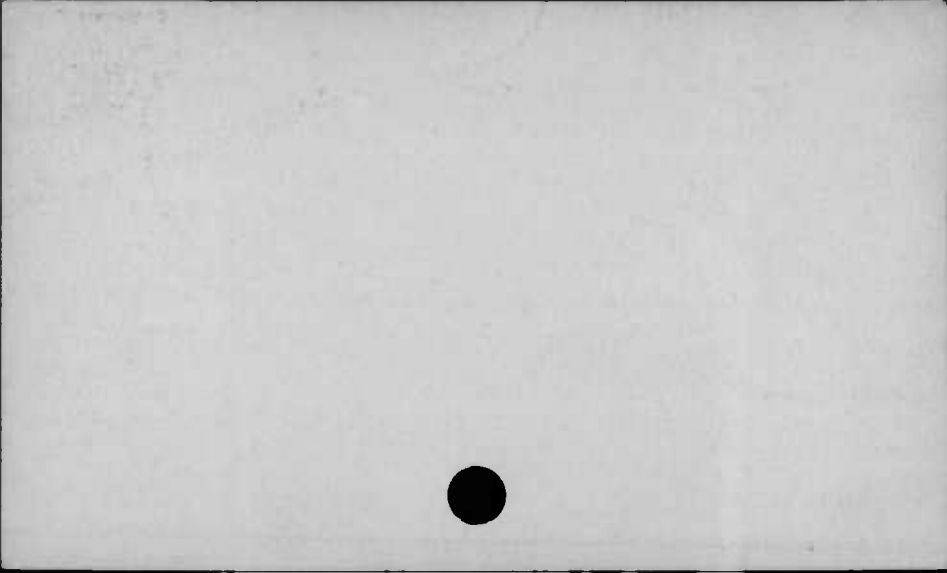
Reported by

Address

A. B. Blascoch
St. Michaels Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

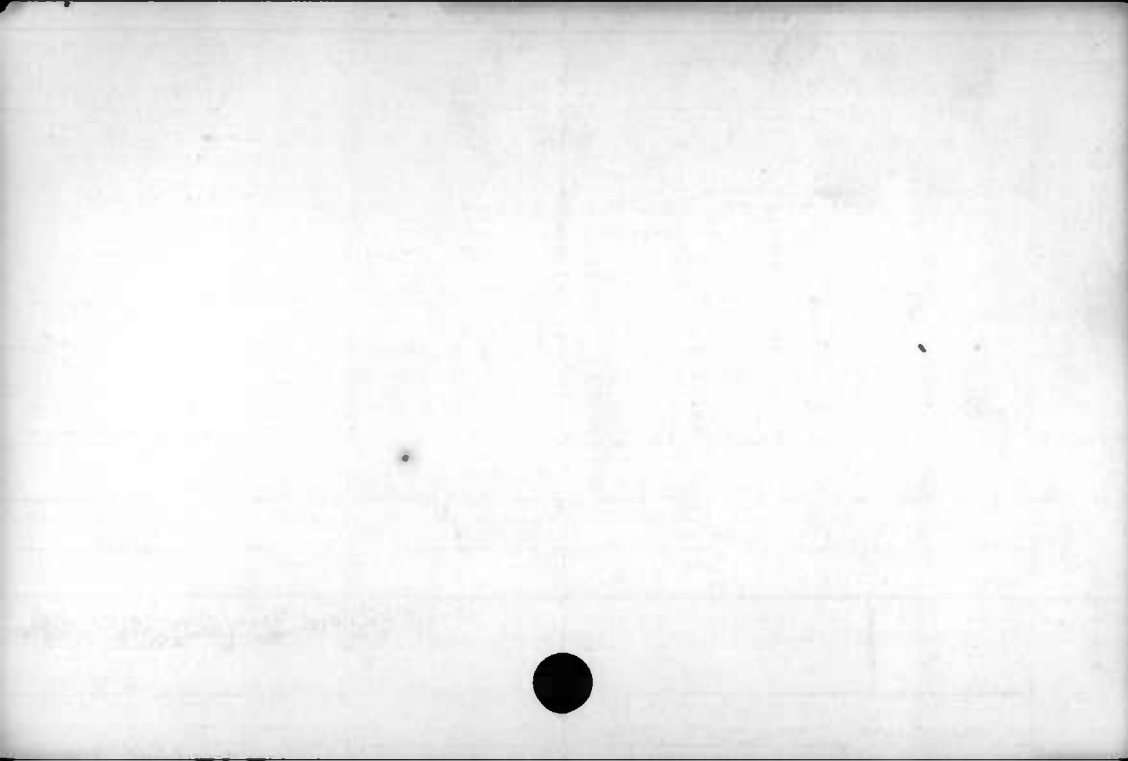
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Royal Oak</i> Town		<i>Talbot</i> County		MARYLAND	
Date <i>Nov</i> of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>Saturday</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Royal Oak</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>William LeCompt.</i>			Father's Birthplace <i>Royal Oak</i>		
Mother's Maiden Name <i>Mary Gilford</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>Samuel Harris</i>			How related to deceased <i>wid. wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>1 day</i>
Immediate <i>spasms</i>	How long <i>71</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Scott Kilmer</i>
<i>yes</i>	Address <i>Royal Oak Talbot Co Md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Maud Parry

Died at ^{Town} *Easton*County *Talbot-*

MARYLAND

Date 19 *02* Month *11* Day *22* Y. *-* M. *1* D. *16* Native of *Ma* Occupation *-*

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of *-*

Wife *-*

Father's Name *John C. Parry* Mother's Maiden Name *Maggie R. Leest*

Cause of Death { Primary *Throat Infection* How long sick *4 weeks*

Death { Immediate *2 hours* ~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by *Julius A. Johnson M D*

Address *Easton - Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mande

Name In Full

Certificate of Death

Helen Perry

Died at ^{Town} Easton ^{County} Talbot MARYLAND

Date 1902 ^{Month} 11 ^{Day} 20 ^{Age} ^{Y.} — ^{M.} 1 ^{D.} 18 ^{Native of} Md ^{Occupation} —

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of _____
Wife

Father's Name John L. Perry Mother's Name Maggie R. Scott
Maiden Name

Cause of Death { Primary Indigestion Immediate Death 2 hours 105
How long sick 10 days
Accident, Suicide, Homicide

Reported by Julius A. Johnson M.D.
Address Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Saul Wilson

Died at

Easton

Town

County

Talbot

MARYLAND

Date 1902

Nov 14

Month

Day

Age

32--

Y.

M.

D.

Native of

U.S.A

Occupation

Laborer

Male

~~Female~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

None

Husband

of

Wife

Father's

Name

Saul Wilson

Mother's

Maiden Name

Mary Moody

Cause of

Primary

Acute Bright's Disease

How long sick

8 wks

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

Chas. J. Dandrew

Address

Easton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79609

